EFFECTIVENESS OF TOKENECONOMY ON MODIFYING SELF CARE ACTIVITIES AMONG MENTALLY CHALLENGED CHILDREN ATTENDING IN SELECTED REHABILITATION CENTERS AT MADURAI.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL -2012

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APRIL-2012

MATHA COLLEGE OF NURSING
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ABSTRACT

STATEMENT OF THE PROBLEM

A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers in Madurai.

OBJECTIVES

- To assess the level of self care activities before and after giving tokeneconomy among mentally challenged children.
- To find out the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children.
- To find out the association between the self care activities among mentally challenged children and their selected demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income.

HYPOTHESES

- The mean post test score after intervention was significantly higher than the mean pretest score of self care activity among mentally challenged children.
- There was a significant association between the level of self care activities and their selected demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income.

ASSUMPTION

- Level of self care activities among the mentally challenged children was significantly lower than the normal children.
- Selected demographic variable may influence the self care activities of mentally challenged children.

MAJOR FINDINGS OF THE STUDY:

- The majority of the age group of the subjects 24 [40.2%] was between 10- 12 years
- Regarding sex of the groups 35 [58.3%] majority were males.
- Regarding the type of family majority of the subjects 36 [60%] was joint family.
- Regarding no of the child in the family majority of the subjects 33 [55] were having two children.
- With regard to religion majority of the subjects 30 [50%] were Hindu.
- Regarding the educational status of the subjects of the mother 23 [38.3%] majority has a higher secondary education.
- In respect of occupation of the subjects of the mothers, 44 [73.3%] majority were private employee,
- Regarding the educational status of the subjects of the father 36 [60%] majority has secondary education.
- In respect of occupation of the subjects of the fathers, 26 [43.3%] majority were private employee,
- With regard to the monthly income of the family 32 [53.3%] majority were getting Rs/- 6001-9000.

- The pre test among the subjects 18 (30%) were having poor self care activities, 42 (70%) were having average self care activities. In post test among the subjects 1 (1.7%) were having poor self care activities, 44 (78.3%) were having average self care activities, 15 (25%) were having good self care activities.
- The mean score on a level of self care activities was 2.094 in post test which is significantly lower than, 2.638 in pre test and computed value of 't' is -24.714 is more than the table value [2.002] which is statistically significant at 0.05 levels. This data shows that token economy was effective in modifying self care activities.
- The hypothesis states that there is a significant association between level self care activities and demographic variables. The same result was statistically proved. The table - 4 depicts that the demographic variables such as Parental educational qualification, Occupation of the parents and Income have significant association at 0.05 levels and the demographic variable such as age, Sex, Religion, No of children in the family and type of family have no significant association with the level of self care activities.

RECOMMENDATION:

Based on the findings of the study the following recommendations are made:

- A similar study can be done with a large sample size.
- A study could be done to assess the effectiveness of token economy in normal children to do self care activities.
- A study can be done in longitudinal studies and assess more self care activities among mentally challenged children.

- A comparative study can be done between normal and mentally challenged children to assess the effectiveness of tokeneconomy on self care activities.
- The study can be done to assess the other activities like toilet training, dressing, and eating.

CONCLUSION

As a part of curriculum, the researcher has taken the effectiveness of tokeneconomy on modifying self care activities as dissertation. The researcher had heart touching experience when data was collected from the samples. The following conclusion are made based on the above finding that most of the subjects were having moderate level of self care activities, tokeneconomy was an effective method of modifying self care activities. This study can encourage the teachers to use tokeneconomy in the school activities of the students, both the normal and the mentally challenged children and also can apply this in the home to encourage the children also.

BIBLIOGRAPHY

References

1. Autor S.M. The strength of conditioned reinforcers as a function of frequency and probability of reinforcement. In: Hendry D.P, editor. Conditioned reinforcement. Homewood, IL: Dorsey Press; 1969. PP. 127–162.
2. Ayllon T, Azrin N.H. The token economy: A motivational system for therapy and rehabilitation. New York: Appleton-Century-Crofts; 1968.
3. Battalio R.C, Kagel J.H, Winkler R.C, Fisher E.B, Jr, Bassman R.L, Krasner L. An experimental investigation of consumer behavior in a controlled environment. Journal of Consumer Research. 1974; 1:52–60.
4. Boakes R.A, Poli M, Lockwood M.J, Goodall G. A study of misbehavior: Token reinforcement in the rat. Journal of the Experimental Analysis of Behavior. 1978;29:115–134
5. Bullock C.E, Hackenberg T.D. Second-order schedules of token reinforcement with pigeons: Implications for unit price. Journal of the Experimental Analysis of Behavior. 2006; 85:95–106.
6. Camerer C.F. Behavioral game theory: Experiments in strategic interaction. Princeton, NJ: Princeton University Press; 2003.
7. Camerer C.F, Loewenstein G, Rabin M, editors. Advances in behavioral economics. Princeton, NJ: Princeton University Press; 2003.
8. Cole M.R. Operant hoarding: A new paradigm for the study of self-control. Journal of the Experimental Analysis of Behavior. 1990; 53:247–261.

9. Cowles J.T. Food-tokens as incentives for learning by chimpanzees. Comparative Psychological Monographs. 1937; 12:1–96.
10. DeGrandpre R.J, Bickel W.K, Hughes J.R, Layng M.P, Badger G. Unit price as a useful metric in analyzing effects of reinforcer magnitude. Journal of the Experimental Analysis of Behavior. 1993; 60:641–666.
11. DeLeon I.G, Iwata B. A, Goh H, Worsdell A.S. Emergence of reinforcer preference as a function of schedule requirements and stimulus similarity. Journal of Applied Behavior Analysis. 1997; 30:439–449.
12. Fantino E. Conditioned reinforcement: Choice and information. In: Honig W.K, Staddon J.E.R, editors. Handbook of operant behavior. Englewood Cliffs, NJ: Prentice-Hall; 1977. PP. 313–339.
13. Farley J. Reinforcement and punishment effects in concurrent schedules: A test of two models. Journal of the Experimental Analysis of Behavior. 1980; 33:311–326.
14. Farley J, Fantino E. The symmetrical law of effect and the matching relation in choice behavior. Journal of the Experimental Analysis of Behavior. 1978; 29:37–60.
15. Ferster C.B, Skinner B.F. Schedules of reinforcement. New York: Appleton-Century-Crofts; 1957.
16. Fisher E.B, Jr, Winkler R.C, Krasner L, Kagel J, Battalio R.C, Basmann R.L. Economic perspectives in behavior therapy: Complex interdependencies in token economies. Behavior Therapy. 1978; 9:391–403.
17. Flora S.R, Pavlik W.B. Human self-control and the density of reinforcement. Journal of the Experimental Analysis of Behavior. 1992; 57:201–208.

18. Foster T.A, Hackenberg T.D. Choice and unit price in a token reinforcement context. Journal of the Experimental Analysis of Behavior. 2004; 81:5–25.
19. Foster T.A, Hackenberg T.D, Vaidya M. Second-order schedules of token reinforcement with pigeons: Effects of fixed- and variable-ratio exchange schedules. Journal of the Experimental Analysis of Behavior. 2001; 76:159–178.
20. Glynn S.M. Token economy approaches for psychiatric patients: progress and pitfalls over 25 years. Behavior Modification. 1990; 14:383–407.
21. Gollub L. Conditioned reinforcement: Schedule effects. In: Honig W.K, Staddon J.E.R, editors. Handbook of operant behavior. Englewood Cliffs, NJ: Prentice-Hall; 1977. PP. 288–312.
22. Hackenberg T.D, Vaidya M. Second-order schedules of token reinforcement with pigeons: Effects of fixed and variable-ratio exchange schedules. Journal of the Experimental Analysis of Behavior. 2001; 76:159–178.
23. Higgins S.T, Heil S.H, Lussier J.P. Clinical implications of reinforcement as a determinant of substance abuse disorders. Annual Review of Psychology. 2004; 55:431–461.
24. Horney J, Fantino E. Choice for conditioned reinforcers in the signaled absence of primary reinforcement. Journal of the Experimental Analysis of Behavior. 1984; 41:193–201.
25. Jackson K, Hackenberg T.D. Token reinforcement, choice, and self-control in pigeons. Journal of the Experimental Analysis of Behavior. 1996; 66:29–49.
26. Kagel J.H. Token economies and experimental economics. Journal of Political Economy. 1972; 80:779–785.

27. Kazdin A.E. The token economy: A review and evaluation. New York: Plenum Press; 1977.
28. Kazdin A.E. History of behavior modification: Experimental foundations of contemporary research. Baltimore, MD: University Park Press; 1978.
29. Kazdin A.E. The token economy: A decade later. Journal of Applied Behavior Analysis. 1982; 15:431–445.
30. Kelleher R.T. Intermittent conditioned reinforcement in chimpanzees. Science. 1956; 124:679–680.
31. Kelleher R.T. Fixed-ratio schedules of conditioned reinforcement with chimpanzees. Journal of the Experimental Analysis of Behavior. 1958; 1:281–289.
32. Kelleher R.T. Chaining and conditioned reinforcement. In: Honig W.K, editor. Operant behavior: Areas of research and application. New York: Appleton-Century-Crofts; 1966a. PP. 160–212.
33. Kelleher R.T, Gollub L.R. A review of positive conditioned reinforcement. Journal of the Experimental Analysis of Behavior. 1962; 5:543–597.
34. Kotheri C R., 2004, Research methodology. 2nd edition New Delhi: International Publication.
35. Magoon M.A, Critchfield T.S. Concurrent schedules of positive and negative reinforcement: Differential-impact and differential-outcomes hypotheses. Journal of the Experimental Analysis of Behavior. 2008; 90:1–22.
36. Malagodi E.F. Fixed-ratio schedules of token reinforcement. Psychonomic Science. 1967b; 8:469–470.
37. Malagodi E.F, Webbe F.M, Waddell T.R. Second-order schedules of token reinforcement: Effects of varying the schedule of food

presentation. Journal of the Experimental Analysis of Behavior. 1975; 24:173–181.

38. Marks Hasting. T., 2003, Fundamentals of Nursing Research 3rd edition. Boston: Bortket Publications.
39. McClure S.M, Laibson D. I, Loewenstein G, Cohen J.D. Separate reward systems value immediate and delayed monetary rewards. Science. 2004; 306:503–507.
40. Nancy Burns. N, Grove. S. k., 1999, Understanding nursing research. 3rd edition. Boston: Bort let publication.
41. Polit DF, Hungler B.P., 1999, Nursing Research principles and methods. 6th edition Philadelphia: Lippincott company.
42. Riff B.R, Bullock C.E, Hackenberg T.D. Response-costly punishment with pigeons: Further evidence of response suppression via token loss. Learning & Behavior. 2008; 36:29–41.
43. Rao Sunder. P. S., 1999, Introduction to bio statistics. A manual for students in health sciences, 3rd edition, New Delhi: Prentice hall of Indian Publication.
44. Skinner B.F. Science and human behavior. New York: Macmillan; 1953.
45. Sousa C, Matsuzawa T. The use of tokens as rewards and tools by chimpanzees (*Pan Troglodytes*) Animal Cognition. 2001; 4:213–221.
46. Tustin R.D. Preference for reinforcers under varying schedule arrangements: A behavioral economic analysis. Journal of Applied Behavior Analysis. 1994; 27:597–606.
47. Waddell T.R, Leander J.D, Webbe F.M, Malagodi E.F. Schedule interactions in second-order fixed-interval (fixed-ratio) schedules of token reinforcement. Learning and Motivation. 1972; 3:91–100.

48. Webbe F.M, Malagodi E.F. Second-order schedules of token reinforcement: Comparisons of performance under fixed-ratio and variable-ratio exchange schedules. Journal of the Experimental Analysis of Behavior. 1978; 30:219–224.
49. Williams B.F, Williams R.L, McLaughlin T.F. The use of token economies with individuals who have developmental disabilities. In: Cipani E, editor. The treatment of severe behavior disorders. Washington, DC: AAMR Publications; 1989. PP. 3–18.
50. Winkler R.C. Management of chronic psychiatric patients by a token reinforcement system. Journal of Applied Behavior Analysis. 1970; 3:47–55.
51. Winkler R.C. An experimental analysis of economic balance, savings, and wages in a token economy. Behavior Therapy. 1973; 4:22–40.
52. Winkler R.C. Behavioral economics, token economies, and applied behavior analysis. In: Staddon J.E.R, editor. Limits to action. New York: Academic Press; 1980. PP. 269–297.
53. Wolfe J.B. Effectiveness of token rewards for chimpanzees. Comparative Psychological Monographs. 1936; 12:1–72.
54. Yankelevitz R.L, Bullock C.E, Hackenberg T.D. Reinforcer accumulation in a token-reinforcement context. Journal of the Experimental Analysis of Behavior. 2008; 90:283–299.

Net References

- ♣ Pubmed.com
- ♣ Medline
- ♣ Med plus (Placeholder1)
- ♣ Google .com
- ♣ Yahoo.com

- Wikipedia
- Chasen.syed@aku.edu
- Cbsnews.com
- Gurgle.com
- www.jamaica-gleaner.com

CHAPTER – I

INTRODUCTION

Children are the heritage and reward from the lord

Psalms: 127:3

A good mother is worth hundreds of schoolmasters.

- George Herbert.

Mentally challenged is a generalized disorder characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviors that appears before adulthood. It has historically been defined as an Intelligence Quotient (IQ) score under 70, but the definition now includes both a component relating to mental functioning and one relating to individuals' functional skills in their environment, so IQ is not the only factor.

The first indication of this handicap in younger children is usually noticed in a delay by the child to reach the normal milestones in sitting, standing and walking, speech too is delayed. The child often appears hyperactive, restless and difficult to feed. Occasionally the handicap is only recognized when the child starts school and has difficulty in learning.

Whatever the cause and whenever it is diagnosed, the news will cause much anxiety and distress for the parents and family. The parents may vacillate between extreme feelings of total rejection of their child to overwhelming possessiveness which may lead to neglect of their other children. The parents often try to find a cause for the handicap and may blame themselves. The nurse must recognize that these feelings are very

real to the parents, who will need support and help in adopting a positive acceptance of their child's handicap contact with patients in a similar situation and emotionally, is provided by voluntary agencies for the handicapped child.

The parents will have many questions to ask wanting to know what their child's potential will be, how best to help him and what type of schooling will be needed. In order to answer these questions a complete assessment will be made by the multidisciplinary team concerned the care for the child.

Parents will need to know that their mentally handicapped child requires more and not less of the normal childhood pleasures and activities. It is through play, nursery rhymes, songs and stories that young children learn. The child should cupped, praised and a fuss about so that they feel secure and will want to do their best. As far as possible the parents should treat children normally whilst recognizing that because of this handicap they will be slower and less able than other children of the same age.

The American Association on Mental Retardation (AAMR) has developed another widely accepted diagnostic classification system for mental retardation. The AAMR classification system focuses on the capabilities of the retarded individual rather than on the limitations. The categories describe the level of support required. They are: intermittent support, limited support, extensive support, and pervasive support. Intermittent support, for example, is support needed only occasionally, perhaps during times of stress or crisis. It is the type of support typically required for most mildly retarded individuals. At the other end of the spectrum, pervasive support, or lifelong, daily support for most adaptive areas, would be required for profoundly retarded individuals.

Federal legislation entitles mentally retarded children to free testing and appropriate, individualized education and skills training within the school system from ages three to 21. For children under the age of three, many states have established early intervention programs that assess, recommend, and begin treatment programs. Many day schools are available to train retarded children in basic skills such as bathing and feeding themselves. Extracurricular activities and social programs are also important in helping retarded children and adolescents gain self-esteem.

Training in independent living and job skills often begins in early adulthood. The level of training depends on the degree of retardation. Mildly retarded individuals can often acquire the skills needed to live independently and hold an outside job. Moderate to profoundly retarded individuals usually require supervised community living. Family therapy can help relatives of the mentally retarded develop coping skills. It can also help parents deal with feelings of guilt or anger. A supportive, warm home environment is essential to help the mentally retarded reach their full potential. However, as of 2004, there is no cure for mental retardation.

As normal mental capacity of these children is restricted, they cannot be educated by the normal methods in normal schools like average healthy children. These children are often mistakenly considered uneducable and allowed to languish in neglect and social deprivation. By the adoption of suitable techniques, these children can be well trained and, made fit for leading near normal life. All behaviors are modifiable and small classes make individual attention possible.

Social relationships and social skills in children with mental retardation have received more attention in the last several years because these children live and work in community – based settings'

Token economy - a form of behavior therapy that has been used in some mental institutions; patients are rewarded with tokens for appropriate behavior and the tokens may be cashed in for valuing rewards.

A token economy is a form of behavior modification designed to increase desirable behavior and decrease undesirable behavior with the use of tokens. Individuals receive tokens immediately after displaying desirable behavior. The tokens are collected and later exchanged for a meaningful object or privilege.

The primary goal of a token economy is to increase desirable behavior and decrease undesirable behavior. Often token economies are used in institutional settings (such as psychiatric hospitals or correctional facilities) to manage the behavior of individuals who may be aggressive or unpredictable. However, the larger goal of token economies is to teach appropriate behavior and social skills that can be used in one's natural environment.

Tokens: Anything that is visible and countable can be used as a token. Tokens should preferably be attractive, easy to carry and dispense, and difficult to counterfeit. Commonly used items include poker chips, stickers, point tallies, or play money. When an individual displays desirable behavior, he or she is immediately given a designated number of tokens. Tokens have no value of their own. They are collected and later exchanged for meaningful objects, privileges or activities.

Advantages of token economies are that behaviors can be rewarded immediately, rewards are the same for all members of a group, use of punishment (response cost) is less restrictive than other forms of punishment, and individuals can learn skills related to planning for the future.

NEED FOR THE STUDY

Mentally challenges in the general population 2-3% of children have an IQ below 70%. Nearly 3-4 of such children are mildly handicapped, about 4per 1000 or (0.4%) of the general population, are more severely handicapped with an IQ below 50.

The incidence of mentally challenge has been estimated to be approximately 125,000 births per year. For children, the mentally challenge rate is 11.4 per 1,000.

In 1990, 4,536,300 American children under 18 were reported as having a disability, defined as difficulty with certain functions or abilities (e.g., Playing or going to school), due to a physical or mental health impairment. (1990 SIPP, 1990 Decennial Census, Larkin, CMHS.) This includes 4,444,500 children living in the community and 91,800 in institutions. Altogether, 7% of all children and 6.8% in the community have disabilities. All children with disabilities are included in this figure regardless of the severity of their disability or their need for disability-related services.

Of the 4,536,300 children with disabilities, 4,444,500 (98%) lived in the community and 91,800 (2%) in institutions. According to the 1990 Census, 1,200 children lived in nursing homes and 1,100 in homes for the physically handicapped (i.e., Homes and schools for the blind, the deaf,

or those with physical disabilities). Another 29,500 were in facilities for the mentally ill and 60,000 in facilities for the mentally challenged. (CMHS, Larkin.) Facilities for the mentally ill include state and country mental hospitals, private psychiatric hospitals, and residential treatment centers for emotionally disturbed children, multi-service mental health organizations, and other residential organizations. Facilities for the mentally challenge include group homes, board and care homes, foster care homes, and Medicaid certified intermediate care facilities for the mentally challenge (ICF-MRs). The 148,000 children in correctional facilities or in Group Quarters not associated with disability (i.e., Emergency shelters, rooming and boarding houses) were not included, as data on disability was unavailable. (1990 Census.)

As normal mental capacity of these children is restricted, they cannot be educated by the normal methods in normal schools like average healthy children. These children are often mistakenly considered uneducable and allowed to languish in neglect and social deprivation. By the adoption of suitable techniques, these children can be well trained and made fit for leading near normal life.

So when there is a need to change the behavior or in improvement is expected, then the token economy is used in that area. At home the parents encourage the little children to learn some activities or works and the same tokens, which may be turned as items of their taste afterwards.

In a school token economy is used. It helps to develop the talents of children. The academic and social skills are encouraged by this method. For being first in class, for cleanliness, for finishing some classroom work with more enthusiasm, acting as a leader or captain and for engaging them usefully in free time, the children may be given some

privileges, in the form of token. We have to bring everything in quantifiable form so that tokens may be issued as and when the target is achieved. Then, while dealing with mentally disabled children, the token economy will help a lot. Some patients will never like to get up from the bed, even after recovering from illness. They may be encouraged to walk for some time, sit and watch TV and have a talk with others, which help them a lot for a speedy recovery. The tokens may be awarded to patients that help them to increase their self-confidence.

By applying token economy principles, there could be considerable change in the behavior of mentally challenged children and there is a chance for further improvement in performing day to day activities, with them.

It is difficult to change the behavior of the mentally challenged children by normal education. They need help from the other by Understanding the problems of the children, the modification of behavior can be done by giving positive reinforcement has chosen the tokeneconomy as a positive reinforcement to giving modification in the self care activities. That’s why the researcher selected this token economy to mentally retarded child's age group between 6 – 12years.

STATEMENT OF THE PROBLEM

A study to determine the effectiveness of token economy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers in Madurai.

OBJECTIVES

- To assess the level of self care activities before and after giving tokeneconomy among mentally challenged children.
- To find out the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children.
- To find out the association between the self care activities among mentally challenged children and their selected demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income.

HYPOTHESES

- The mean post test score after intervention will significantly higher than the mean pretest score of self care activity among mentally challenged children.
- There was a significant association between the level of self care activities and their selected demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income.

ASSUMPTION

- Level of self care activities among the mentally challenged children was significantly lower than the normal children.

  Selected demographic variable may influence the self care activities of mentally challenged children.

OPERATIONAL DEFINITION

EFFECTIVENESS

The degree to which it brings out the behavior modification of mentally challenged children after administering token economy as measured by observational checklist.

TOKENECONOMY

In this study it refers it is a form of positive reinforcement by distributing the chocolates when self care activities like brushing and hand washing done correctly by the child.

MODIFYING SELF CARE ACTIVITY

In this study it refers to the self care activities such as brushing and hand washing successfully carried out by the children of mentally challenged children as measured by observational checklist which was taught by the researcher.

MENTALLY CHALLENGED CHILDREN

In this study it means the child belongs to mild mentally challenged whose IQ is 50 – 75% between the age group of 6 – 12 years.

LIMITATION

1. The study was limited to mentally challenged children those who are attending selected rehabilitation centers.
2. Sample size is only 60.

PROJECTED OUTCOMES

- This study can motivate the teachers to practice tokeneconomy in change student’s daily activities.
- This study could help the mentally challenged children to manage self care activities by themselves by motivating them.

CONCEPTUAL FRAME WORK

The conceptual framework is a group of related ideas, statements or concepts. The term conceptual model is often used interchangeably with conceptual framework and sometimes with grand theories that articulate a broad range of the significant relationship among the concepts of a discipline **[KOZIER BARBARA., 2005].**

The conceptual framework of this study on Rosentoch's [1964] and Becker and mainman's [1975], Health belief model. It addresses the relationship between a person's belief and behavior. It provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies.

INDIVIDUAL PERCEPTION:

The first component of this model involves the individual perception. In this individual perception regarding self care activities brushing, hand washing is thought to be influenced by certain demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income. Individual perception may vary with these systems.

MODIFYING FACTORS:

The second component of this model consists of modifying factors. Modifying factors are the level of self care activities. The factors can be modified through tokeneconomy. Self care activities assessed through modified self care activities was graded as good, moderate, poor.

LIKELIHOOD ACTION:

The third component of the model consists of likelihood of taking action. It includes perceived benefits threat of preventive action.

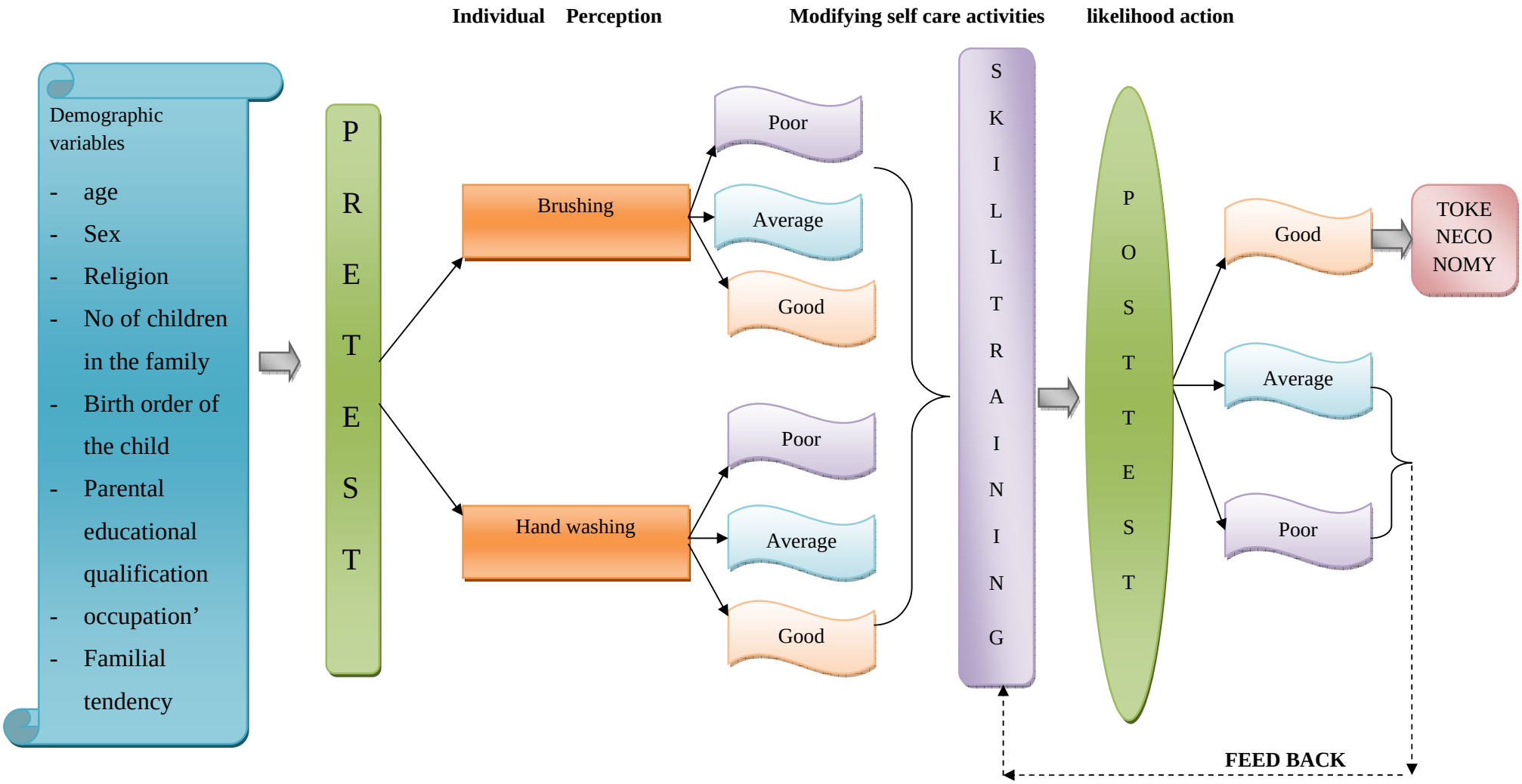


FIGURE 1: MODIFIED CONCEPTUAL FRAME WORK BASED ON ROSENTOCK HEALTH BELIEF MODEL (1974)

CHAPTER – II

REVIEW OF LITERATURE

Everything hinges on the matter of evidence

Review of Literature is the essential step in the development of the research project. It enables the researcher to develop insight into the study and plan the methodology. Further it provides the basis for future investigation justifies the use of replication, throws light on the feasibility of the study and indicate constraints of data collection. It helps to related finding from one study to another with a view to establish a comprehensive body of scientific knowledge in the profession discipline from valid and pertinent theories may be developed.

ABDELLAH & LENINE

Review of literature on the research topic makes the researches familiar with the existing studies and provides information which helps to focus on a particular problem and lays a foundation upon which new knowledge can be based. It creates an accurate picture of the information found on the subject.

POLIT & HANGLER

LITERATURE RELATED TO TOKEN ECONOMY:

East Lansing (2010) conducted a study to find out the effects of self-monitoring on the procedural integrity of token economy implementation by 3 staff in a special education classroom were evaluated. The subsequent changes in academic readiness behaviors of 2 students with low-incidence disabilities were measured. Multiple baselines across staff and students showed that procedural integrity increased when staff used monitoring checklists, and students' academic

readiness behavior also increased. Results are discussed with respect to the use of self-monitoring and the importance of procedural integrity in public school settings.

Rimmerman A, et al., (2009) did a study to find out to determine whether the addition of the token economy reinforces to the regular treatment modalities (medication therapy and psychotherapy) improved the following outcome measures: re-hospitalization rate. NYPCC (agency) therapeutic goals, symptomatology, social integration activities and ADL skills. The research was carried out over a period of 18 months. Subjects were 617 individuals diagnosed as having chronic mental illness. They lived in three adult homes in New York, two of which were on a token economy program, while the third served as a quasi-control group. The findings suggest that while medication therapy and psychotherapy have different effects with respect to the various outcome measures, the addition of the token economy program resulted in positive, albeit marginal, gains to all outcome measures.

Behav Modif (2008) investigated a study to find out the behavior modification interventions for disruptive behavior in schools have generally focused on classroom behavior with less research directed toward child behavior in other school settings (e.g., Cafeterias). The present report documents the effect of a group contingency intervention with a random reward component, targeting disruptive cafeteria behavior. An uncontrolled study of the effect of the group contingency program across the school year suggested substantial behavior improvement after the program started. Two natural treatment discontinuations during the same school year provide further support for the intervention. Both sources of information suggest behavioral improvement in rule-following behavior when the program was actively implemented.

Corrigan PW (2008) did a study to find out the tokeneconomy has been found to be an effective strategy for treatment of severe mentally ill inpatients. However, several barriers have prevented facile transfer of token economy strategies from inpatient settings to community programs; these barriers include outpatient access to competing reinforcers, supplemental income that helps outpatients to purchase these reinforcers, weakening of the efficacy of response costs, limited hours of the day in which day treatment contingencies apply, and interference of contingency contracts by family or friends. These barriers can be obviated by avoiding response cost contingencies, providing reinforcers cheaply, and including other systems in the development and implementation of token contingencies.

Fabry BD et., (2007) Conducted a study to find out the effectiveness of token economy on Six mentally retarded students were taught to name sight words during the token-exchange periods of a token-reinforcement system. Words appeared on 25% of the tokens, and a student was given two opportunities to name a word written on a token before the token could be exchanged. Sequential teaching of new sets of sight words via a multiple-baseline design was used to evaluate the procedure. Five of the 6 students acquired sight-word vocabularies. The data support the contention that token-exchange periods may be used for educational purposes.

Johnson CM et., (2007) conducted a study to find out the effectiveness of tokeneconomy in the first of two experiments, mildly retarded, elementary-aged, low-social status black children were administered the WISC-R under standardized-testing conditions or conditions employing token reinforcement for correct responding. Token-

reinforcement subjects scored significantly higher on both the Verbal subtest and Full-Scale IQ, but not the Performance subtest. Results replicate previous findings with elementary-aged, nonretarded, black children. The same design was utilized in a second study employing mildly retarded, junior-high age, low-social status, black students. No significant differences were found between groups, suggesting that age may affect results when using tangible rewards. Coupled with previous studies, these findings imply that nonbiased intellectual assessment appears to require an analysis of motivational factors.

Adams CD et.al., (2006) Conducted a study to assess the Child behavior management can be an important concern in conducting summer camps for pediatric burn patients, because many of these patients have a history of significant behavioral difficulties. To be efficient, a flexible camp-wide behavior management system, such as a token economy, would be ideal. In this article we discuss the concept and principles of a token reinforcement system and outline how this intervention was applied to our pediatric burn summer camp across 2 consecutive years. We also provide a description of modifications made for the second camp, based on counselor ratings of and our experience with the token system during the first camp. Results from counselor assessments indicated that after using the token system, counselors' perceptions of its utility (e.g., Effective in decreasing problem behavior in campers, useful in making behavior management easier) increased significantly across both years.

Charlop – Christy MH et., (2002) did a study to find out the effectiveness of using objects of obsession as token reinforcers to increase task performance for children with autism. The use of obsessions as tokens (e.g., The letter "A", a picture of a train) was compared with the

use of typical tokens (e.g., Stars, happy faces). A multiple baseline design across children with a reversal within child was used. Data were collected on percentage correct of task responses and on the occurrence of inappropriate behaviors during work sessions. Results indicated that percentage correct on task performance was higher when objects of obsession were used as tokens as opposed to when typical tokens were used. Concomitant decreases in inappropriate behaviors during work sessions were also noted. Results are discussed in terms of primary versus secondary reinforcement and the effects of saliency and novelty of the reinforcing stimuli.

STUDIES RELATED TO ORAL HYGIENE

Kahabuka FK, MbawallaHs (2006), conducted a study to find out the level of knowledge on the causes and prevention of dental caries and bleeding gums, oral hygiene and eating practices among institutionalized and former street children aged 7- 16 years in Dar Es Salaam, Tanzania. Chi – square was used to test for significant differences. The survey concluded that 80 and 83% of the children knew the causes of tooth decay and bleeding gums respectively and 17 – 68% was aware of preventive measures. At the institution visited, 92% of the children said they brush their teeth but 74% brushed when living on the streets, this difference was significant (Chi 2 = 4.40, p = 0.05). About half did not use toothpaste during street life, while 8% do not use toothpaste at the institution; the difference was significant (Chi = 2 = 5.08%, p = 0.025). The finding of this study showed that most former street children are aware of the cause of dental caries and bleeding gums but have poor knowledge on prevention of two diseases. Furthermore, children living on the streets are more likely to eat cariogenic foods and have poor oral hygiene practices.

Braz Dent J (2002), conducted a study to assess the effectiveness of a preventive oral hygiene program in a group of 7 – 11 years old children living in an orphanage in Brazil. The program was based on professional tooth cleaning, as well as dental health information and oral hygiene instruction during a 6 – month period. A total of 80 children was examined and 42 who had all first molars erupted were selected for study. Clinical measurements were recorded at baseline and after 3 and 6 months. At the final examination, the mean percentage of surface without visible plaque was 36.2% in the experimental group and 15.1% in the control group. The result of this study indicates improved oral health through the implementation of the preventive program among children who have never been exposed to preventive dental treatment and who are living under adverse social condition.

Mouradian (2001), studied on oral health and dental health education among children in Seattle and revealed that dental care is the most common unmet health need of children. More than 52% of children were at risk of untreated oral disease. Children's oral health can be predicted from their developmental changes. Children's oral health is the shared more responsibility of dental and other professional working with children, parents and society.

AL – Malik M., (2002), conducted a study to measure the prevalence of caries, tooth tissue loss and erosion in the group of 4 – 5 years old children living in an institution in the city of Jeddah in the western province of Saudi Arabia. A total of 80 children 951 boys, 29 girls) living in the institute was examined. Twenty – four for children (30%) had caries and two had a tooth tissue loss. Ten children (12.5%) had erosion affecting buckle or palatal surfaces of their maxillary incisor

teeth. In erosion was confined to enamel but in three it extended into the dentine. The survey concluded that the lower caries level seen in this group of children might be at least partly attributable to the effectiveness of strict dietary control and regular oral hygiene measures.

Pizzi, sola et al., (2002), did a study to evaluate the oral health behavior and prevalence of dental caries among school children in Sweden. Clinical examination of grade one children and grade six children were performed. Eighty – six percentages of the children were affected by dental caries and dental care habits of children were poor. Only 22% of children brushed their teeth twice a day and 20% had seen the dentist.

Wyne, (2001), conducted a study on 68 children in the age group of 4 -6 years who were equally distributed by gender. For the study, the information was collected regarding the use of sweet snacks, soft drinks and fruit juices/drinks, tooth brushing/cleaning and first dental visit of the children. It was found that around 78.2% of children had of dietary discipline was responsible for caries in those children.

Rao et.al, (2001), did a study among 778 school children in Wardha, to assess the oral health status and to relate it with the teeth. Cleaning habits and nutritional status out of 778 children 326 were boys, 452 were girls, of these 1223 children from urban, 375 from rural, 280 children belongs to tribal primary schools. The prevalence of dental caries was 22.8% among rural children, 10.5% among urban children and 15.0% among the tribal children. In relating to teeth cleaning habits toothpaste and brush were used by 10.4% (5.7% of boys and 13.6% of girls), 3.1% children were not habituated any material to clean their teeth and were using finger and plain water to clean their teeth.

STUDIES RELATED TO HAND WASHING

Guinan, Gulian (2002), did an experimental study to assess the effectiveness of comprehensive hand washing program on absentees among school children in Rosemount USA. Two hundred and ninety students from five independent schools were involved in the study. The study revealed that hand washing is one of the most important factors in controlling the spread of micro – organism, in preventing the development of infection and a hand hygiene program that combine education can lower absenteeism.

Master, Hesslonge, et al., (1999), held an experimental study to assess the effectiveness of scheduled hand washing in an elementary school population in Mich, USA. The control and experimental group consist of 162 and 143 children respectively. The experimental group children washed their hands, a minimum of four scheduled times a day. The control group children continued hand washing practices as usual. They observed that children in the hand washing group were low risk for developing communicable disease , 75% of the control group children have no practice of hand washing and high risk for developing communicable disease.

CHAPTER - III
RESEARCH METHODOLOGY

According to Sharma (1990) research methodology involves systematic procedures starting from initial identification of the problem to its final conclusion the role of methodology consists of procedure and technologies for conducting studies.

This chapter deals with the description of methodology and different steps which were undertaken for gathering and dramatizing data for the investigator to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai.

It includes research approach, research design, and sampling technique, setting of the study, population and data collection, description of the tool, validity and reliability.

RESEARCH APPROACH

The Quantitative research approach was used in this study.

RESEARCH DESIGN

Pre experimental one group pre test, post test research design was used.

Pre test	Intervention	Post test
O1	X	O2

- ❖ O1 pretest assessment on self care activities among mentally challenged children.
- ❖ X skill training on brushing, hand washing followed by tokeneconomy.
- ❖ O2 posttest assessment on self care activities among mentally challenged children.

SETTING OF THE STUDY

This study was conducted in a selected rehabilitation center in Madurai, which is located about 50 kilometers away from the Matha College of nursing, Manamadurai. The rehabilitation center consists of total 138 children. Among these 80 children are mild mentally challenged and 58 are moderately challenged children. The center consists of nearly 10 classes. Based on the level of IQ the children are classified into mild moderately mentally challenged. According to the level of I.Q., they are given education, play therapy and treatment like physiotherapy.

POPULATIONS

The population selected for this study was mild mentally challenged children.

SAMPLE:

The samples consist of children with mild mentally retarded who are in the age group between 6 – 12 years.

SAMPLE SIZE

In this study 60 mild mentally challenged children in the age group between 6-12 years were getting training in selected rehabilitation centers in Madurai.

SAMPLE TECHNIQUE

Purposive sampling technique was used to select the samples.

CRITERIA FOR SELECTION OF SAMPLIES

INCLUSION CRITERIA

- Children in the age group between 6-12 years.
- Children with mild mentally challenge IQ ranges from 50-75.
- Both male and female children are included.
- Who are present during data collection.

EXCLUSION CRITERIA

- Severe, moderate and profound mentally challenged children.
- Normal children.
- Children with autism.

DEVELOPMENT OF THE TOOLS

Tools were prepared after reviewing the related literature such as books and journals were also taken for the development of the tool.

DESCRIPTION OF TOOL:

SECTION – A

PART I

- It deals with demographic variables such as Age, Sex, Religion, Type of the family, No of children in the family, Parental educational qualification, Occupation of the parents, and Income.

PART II

- It dealt with the self care activities such as activities such as brushing, hand washing which was measured by Paul. H’s modified self care assessment checklist.

SCORING PROCEDURE

SECTION I

The demographic variables are not scored but used for descriptive analysis.

SECTION II

Paul. H's Modified self care assessment check list was used to assess the level of self care activities such as brushing, hand washing. Brushing consists of 16 steps and hand washing consists of 9 steps. This tool is a 25 step checklist with the response of Yes and No. The score given to the response was for Yes 1 and No 0 score was given. Maximum score was 25 and minimum score was 0 total score was 25. The subjects were classified as follows based on their score.

Level of self care Activities	Scores
Poor	below 13
Moderate	14 - 18
Good	above 19

TESTING THE TOOL

VALIDITY

Observational check list of self care activities was developed by the investigator based on the review of the literature. To evaluate the content validity the tool was given to 5 experts in pediatrics field, psychiatrist and psychologist.

RELIABILITY

Reliability of the tool was checked by test and retest method.

PILOT STUDY

A pilot study was conducted with 6 children's who fulfill the inclusion criteria for sample selection. The subjects were excluded from the final study. It is planned in order to test the reliability, validity and feasibility of the tool used.

DATA COLLECTION PROCEDURE

Prior to data collection, permission was obtained from principal and head of the departments in pediatrics, Matha College of nursing. And the permission was obtained from the administrative authority of the selected rehabilitation centers to conduct data collection procedure. Purposive sampling technique was used to select samples. Data is collected from the samples who fulfill the criteria. The purpose of the study was explained to each care taker and the verbal consent was obtained from them. Assurance was given regarding confidentiality. The data were collected for a period of six weeks at a rehabilitation center. The student to come at 9am to 3pm. There are 10 classes are there. Help of their parents and teachers collected demographic variables and pretest was done by the modified observational checklist. The time spent for each student 30 minutes. Pretest was done for 2 weeks. Each day 5 – 7 samples were collected. Then 2 weeks skill training was given and explained about tokeneconomy. Data was collected 9.10am to 12.30pm and 1.30pm to 2.30pm. Last 2 weeks post test done by modified observational checklist and tokeneconomy was given for the students those who are successfully doing their self care activities.

- 1st week – pretest assessment of the self care activities by using observational check list and skill training before giving tokeneconomy among mentally challenged children.
- 2 – 5th week – evaluating the effectiveness of tokeneconomy in modifying self care activities among mentally challenged children by giving skill training on brushing, hand washing.
- Tokeneconomy is given each time when they complete a task successfully.
- 6th week – post test assessment of the self care activities by using observational check list after application of tokeneconomy.

DATA ANALYSIS

Collected data were organized tabulated and analyzed by using both descriptive and inferential statistics such as frequency distribution, mean, percentage, standard deviation, correlation, chi – square and t – test.

PROTECTION AND SUBJECT RIGHTS

The research proposal was approved by the dissertation committee prior to the pilot study. The permission was obtained from the principal and head of the pediatrics department of Matha College of nursing and permission was obtained from the administrative authority and selected rehabilitation centers oral consent was obtained from each child and caregivers. Assurance was given to the study that annoying each individual child will be maintained.

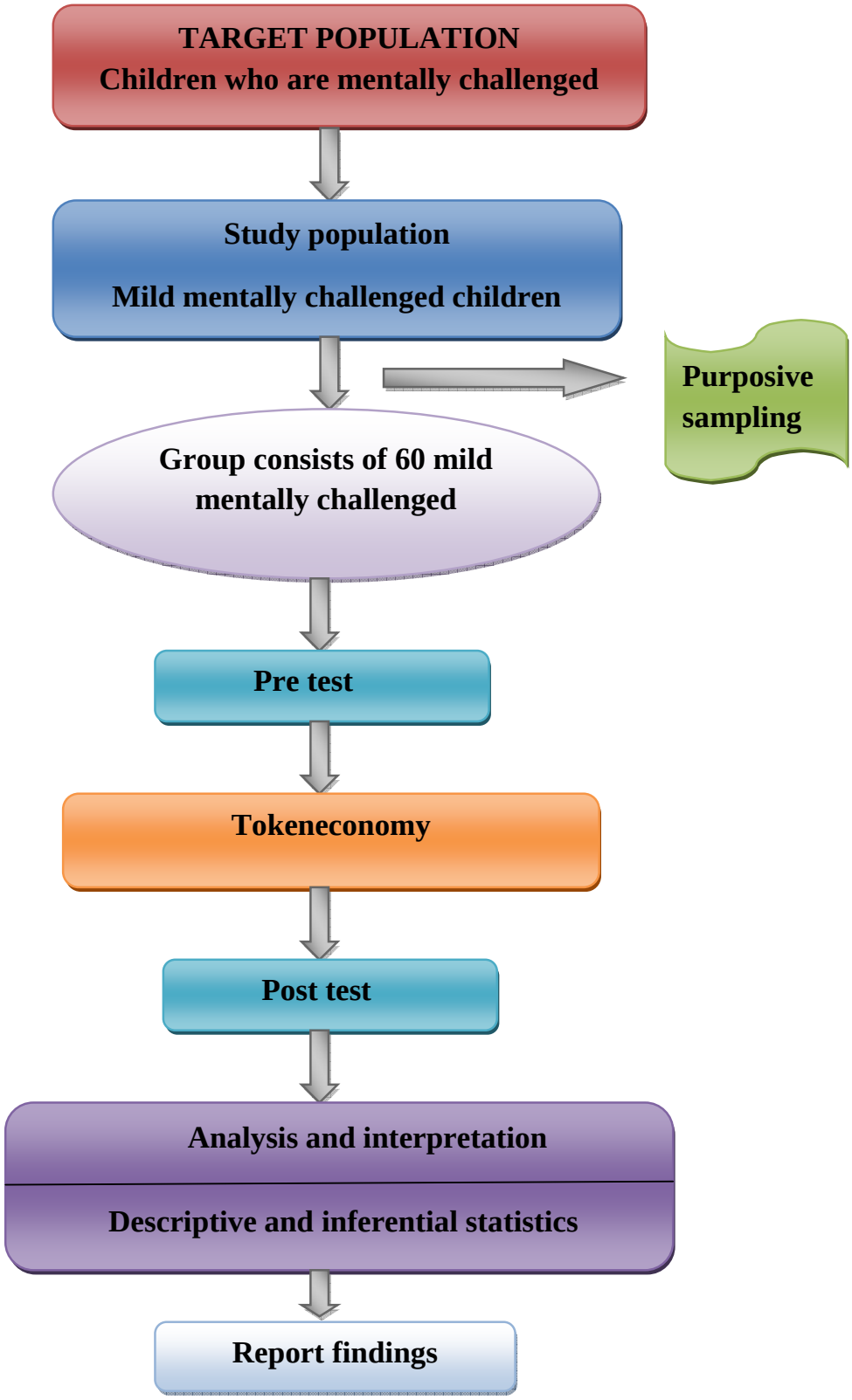


Figure 2. Schematic representation of data collection procedure

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with statistical analysis. Statistical analysis is a method of rendering quantitative information in meaningful and intelligible manner. Statistical procedure enables the researcher to organize, analyze, evaluate, interpret and communicate numerical information meaningfully.

The objectives of the study are

- To assess the level of self care activities before and after giving tokeneconomy among mentally challenged children.
- To find out the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children.
- To find out the association between the self care activities among mentally challenged children and their selected demographic variables such as Age, Sex, Religion, No of children in the family, Birth order of child, Parental educational qualification, Occupation, Income and, familial tendency.

ORGANIZATION OF THE STUDY:

Section 1: Distribution of the samples according to their demographic variables

Section 2: Distribution of samples according to level of self care activities before and after intervention.

Section 3: Effectiveness of Tokeneconomy on modifying self care activities among mentally challenged children.

Section 4: Association between self care activities and selected demographic variables.

SECTION I

Table 1: distribution of the samples according to their demographic variables. (n= 60)

S. No	Demographic variables	No. Of subjects	
		Frequency	**Percentage [%]**
1.	Age in years		
	a) 6 – 8 years	18	30.0
	b) 8 – 10 years	18	30.0
	c) 10 – 12 years	24	40.0
2.	Sex		
	a) Male	35	58.3
	b) Female	25	41.7
3.	Type of family		
	a) Nuclear	24	40.0
	b) Joint	36	60.0
4.	No of child in family		
	a) One	5	8.3
	b) Two	33	55
	c) Three	18	30.0
	d) Four and more	4	6.7
5.	Religion		
	a) Hindu	30	50.0
	b) Christian	12	20.0
	c) Muslim	17	28.3
	d) Other religion	1	1.7
6.	Educational status of the mother		
	a) Primary	8	13.3
	b) Secondary	23	38.3
	c) Higher secondary education	23	38.3
	d) Diploma/ degree	6	10.0
7.	Occupation of the mother		
	a) Cooly	10	16.7
	b) House wife	44	73.3
	c) Working women	6	10.0

8.	Educational status of the father		
	a) Secondary	5	8.3
	b) Higher secondary education	19	31.7
	c) Diploma/ degree	36	60
9.	Occupation of the father		
	a) Cooly	14	23.3
	b) Engineer	3	5
	c) Business	17	28.3
	d) Others	26	43.3
10.	Monthly income		
	a) Rs 3001 – 6000	9	0.5
	b) Rs 6001 – 9000	32	53.3
	c) Above Rs 9001	15	31.7

The table No 1 depicts that in the age group of the subjects 18 (30%) were between 6 – 8 years, 18 (30%) were between 8 – 10 years, 24 (40%) were between 10 – 12 years.

Regarding sex of the groups 35 (58.3%) were males, 25 (41.7%) were females.

Regarding type of the family 24 (40%) was a nuclear family, 36 (60%) were joint family.

Regarding no of child in the family 5 (8.3%) were having one child, 33 (55%) were having two children, 18 (30%) were having three children, 4 (6.7%) were having four and above children.

With regard to religion 30 [50%] were Hindu, 12 [20%] were Christian, 17 [28.3%] were Muslim, 1 [1.7%] were others.

Regarding the educational status of the mother of the subjects 8 (13.3%) have primary education, 23 (38.3%) have secondary education, 23 (38.3%) have higher secondary education, 6 (10%) have a diploma / degree education.

In respect of occupation of the mothers of the subjects 10 (16.7%) were cooly, 44 (73.3%) were house wife, 6 (10%) were working women.

Regarding the educational status of the father of the subjects no one has primary education, 5 (8.3%) have secondary education, 19 (31.7%) have higher secondary education, 36 (60%) have a diploma / degree education.

In respect of occupation of the fathers of the subjects 14 (16.7%) were cooly, 3 (5%) were engineer, 17 (28.3%) were business, 26 (43.4%) were the others.

With regard to the monthly income of the family no members in less than Rs.3000/-, 9 (0.5%) were getting Rs.3001 – 6000, 32 (53.3%) were getting Rs. 6001 – 9000, 15 (31.7%) were getting above Rs. 9001.

Figure: 2 Distributions of samples according to age

(n=60)

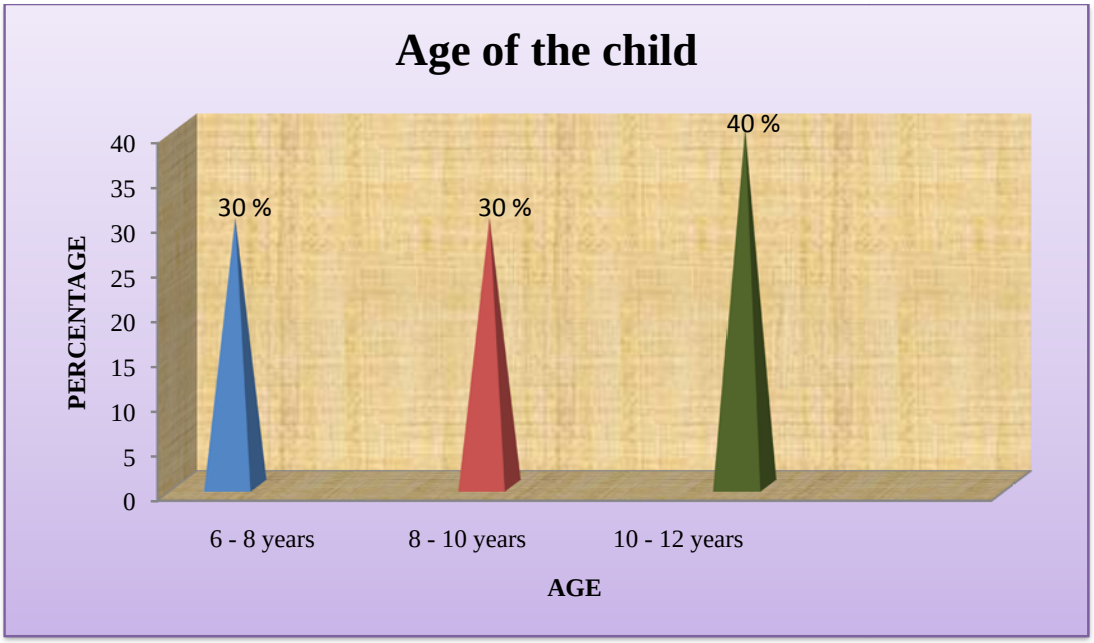


Figure: 3 Distributions of samples according to sex **(n=60)**

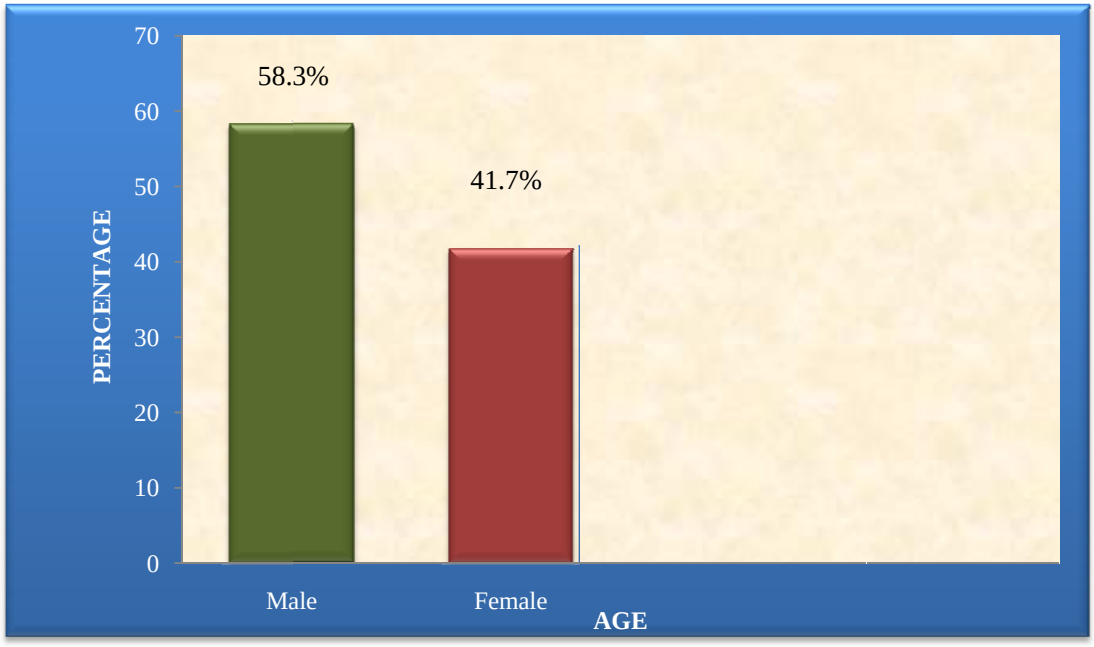


Figure: 4 Distributions of samples according to type of family (n=60)

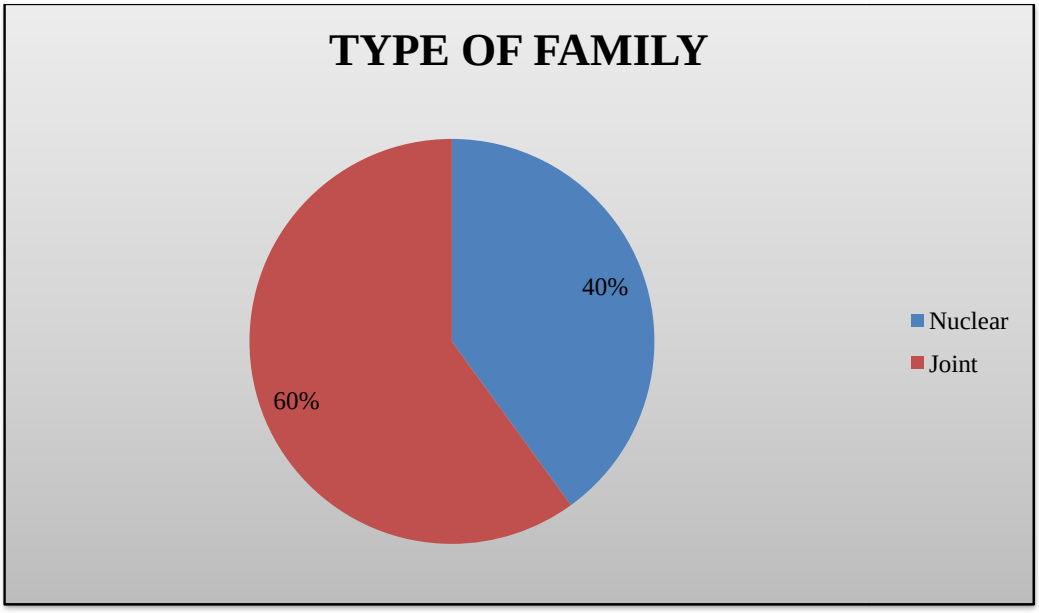


Figure: 5 Distributions of samples according to number of children in the family (n=60)

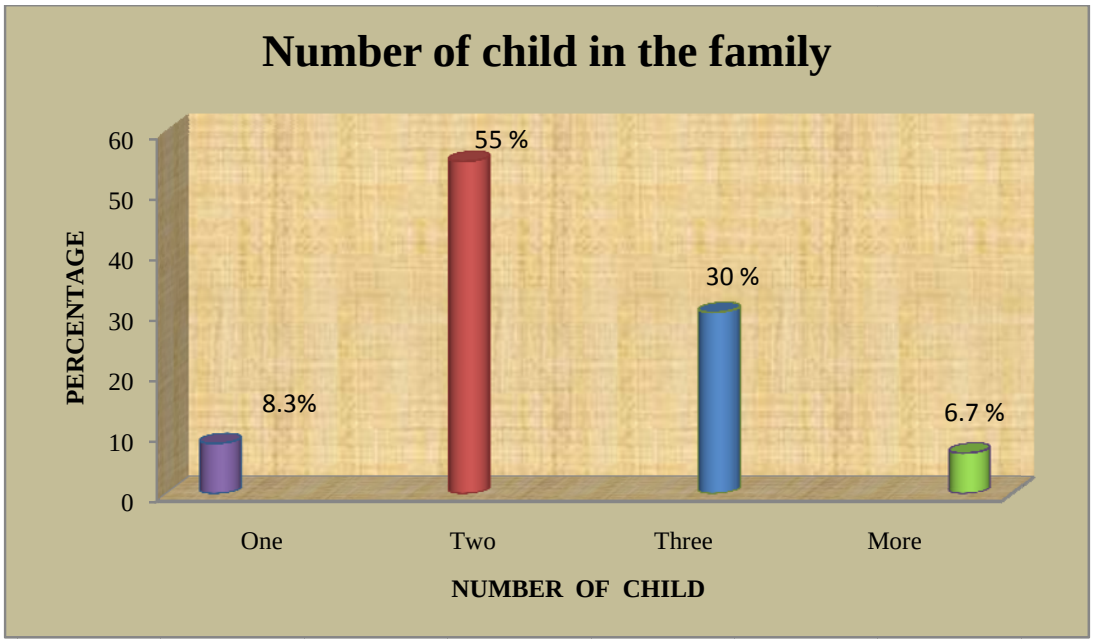


Figure: 6 Distributions of samples according to religion (n=60)

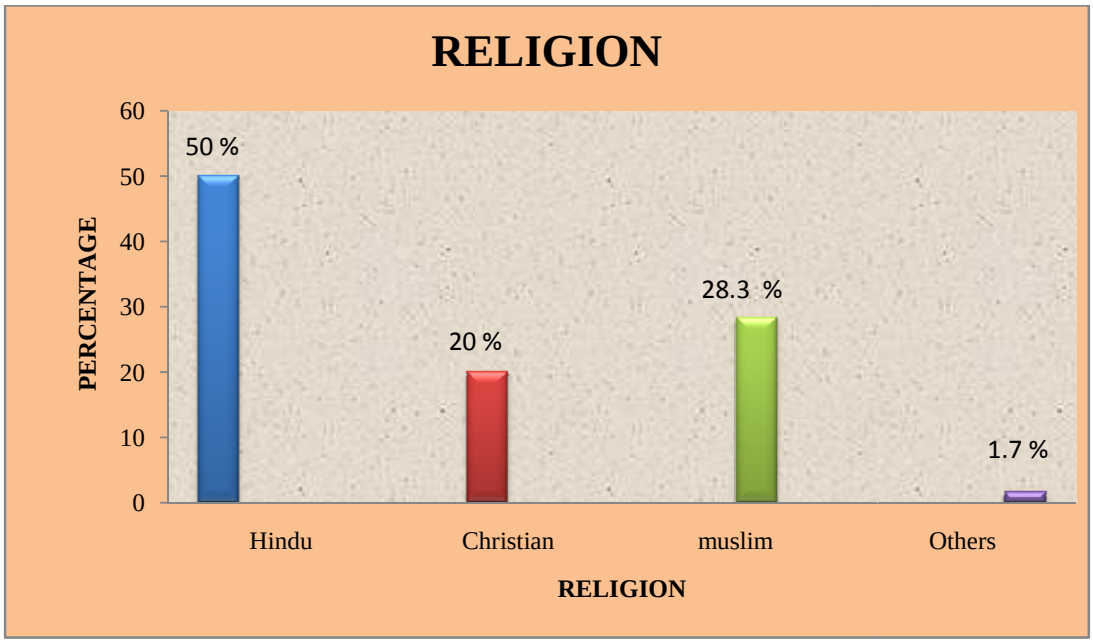


Figure: 7 Distributions of samples according to age educational status of the mother (n=60)

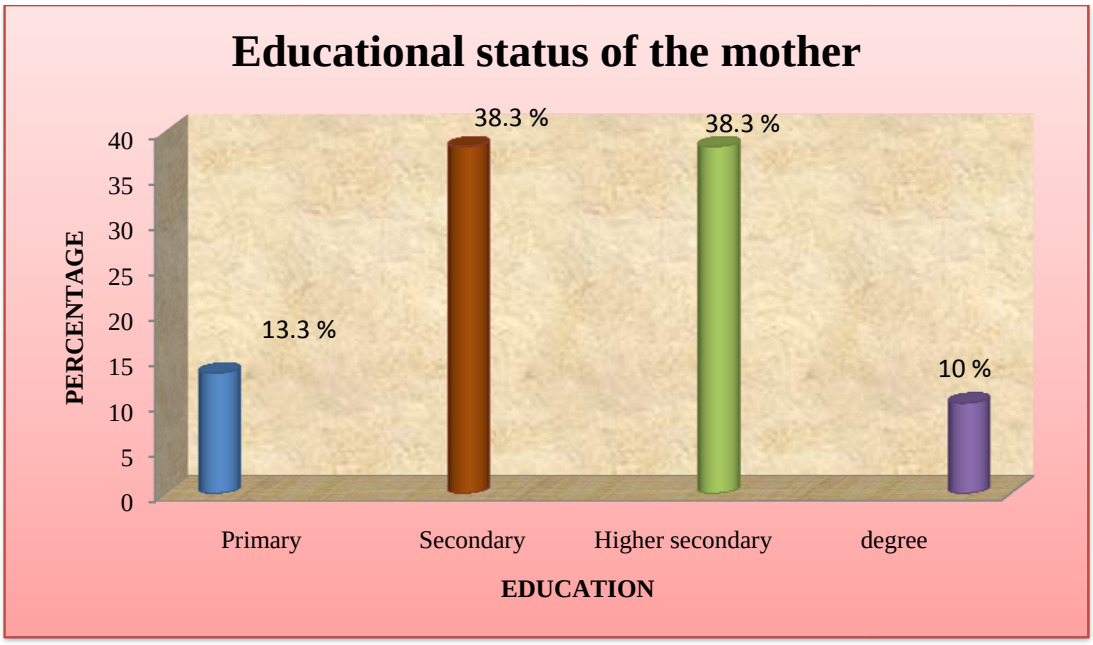


Figure: 8 Distributions of samples according to occupational status of the mother (n=60)

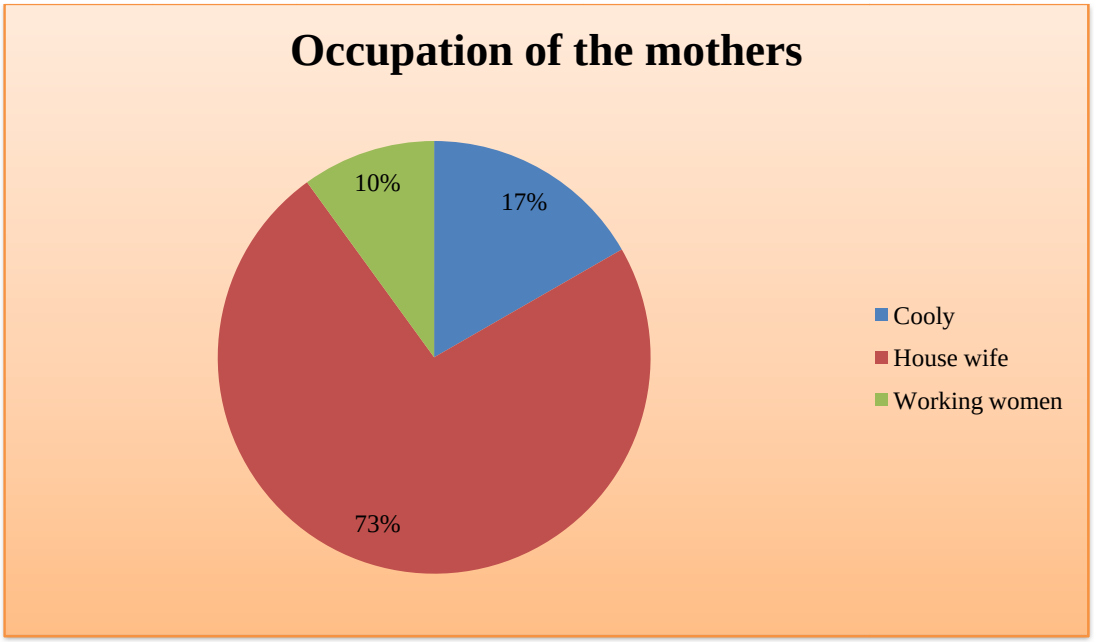


Figure: 9 Distributions of samples according to educational status of the father (n=60)

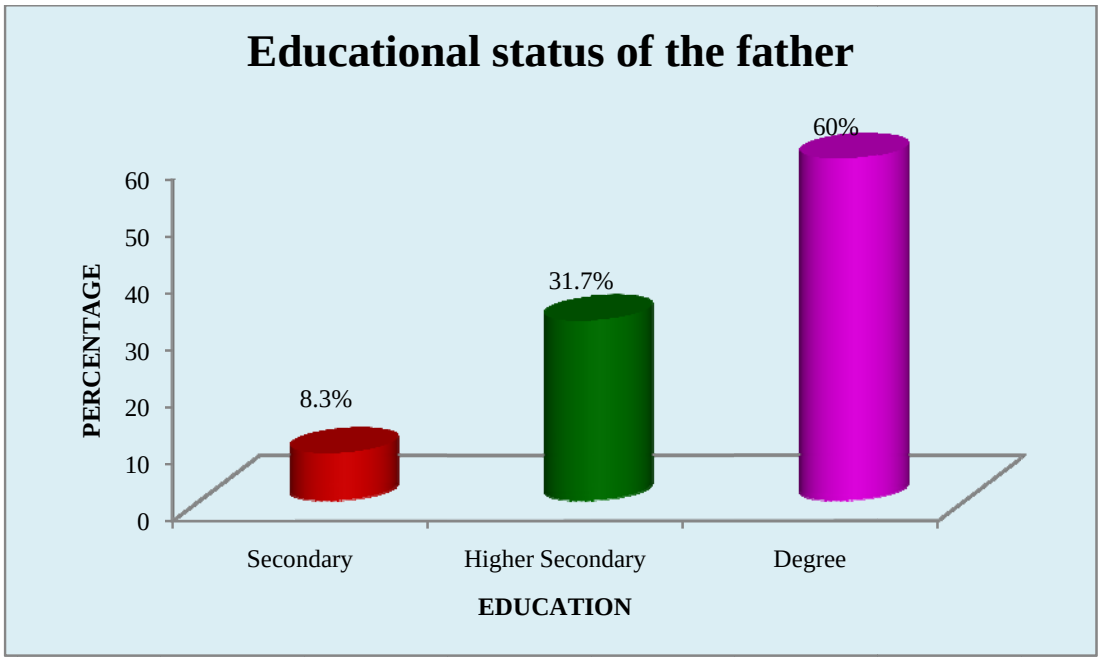


Figure: 10 Distributions of samples according to occupational status of the father (n=60)

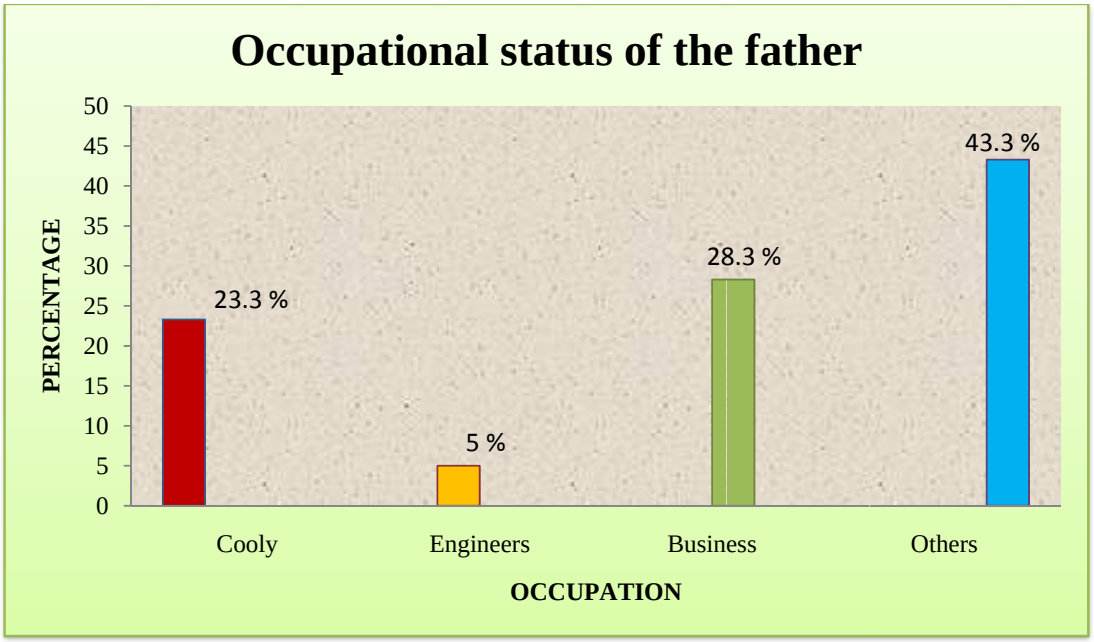
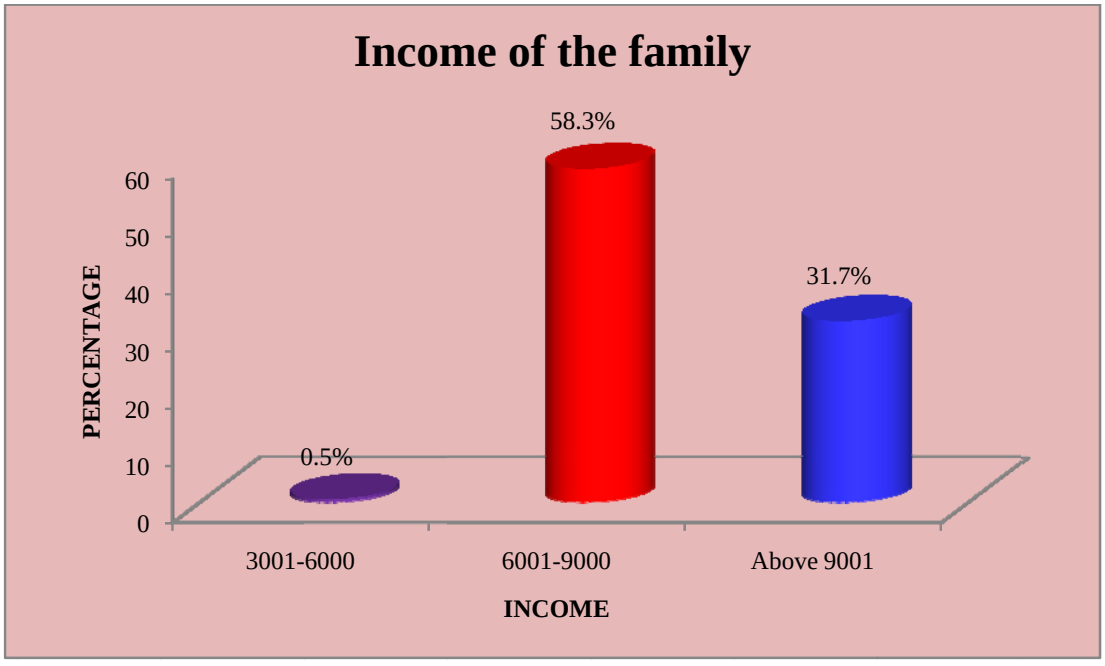


Figure: 11 Distributions of samples according to income (n=60)



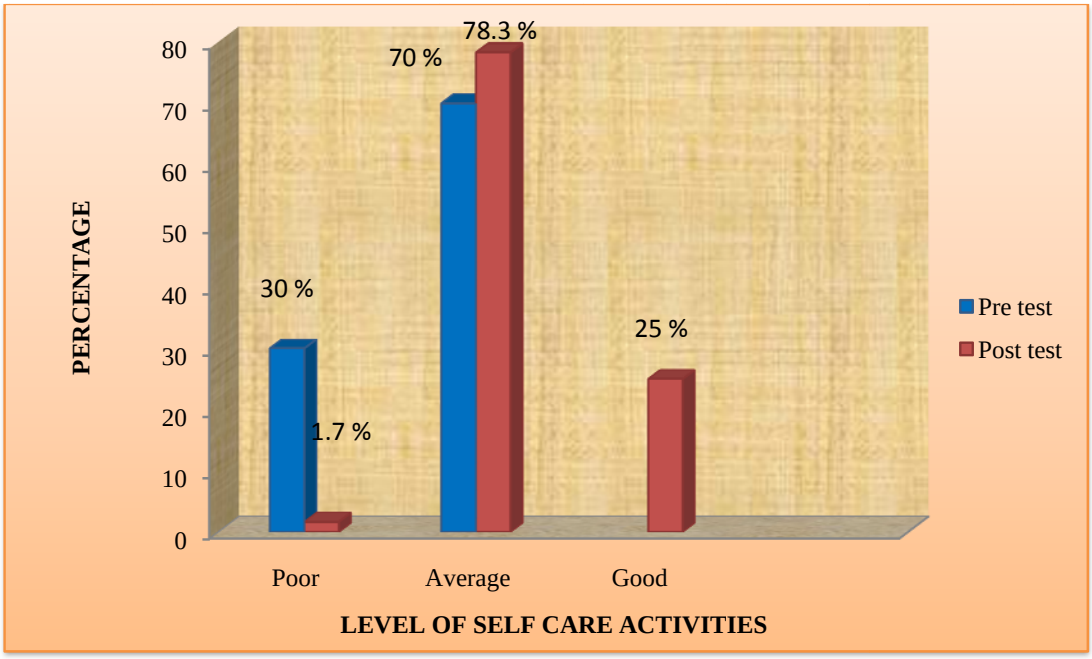
SECTION - II

Table: 2 distributions of samples according to level of self care activities before and after intervention. (n=60)

S. No	Level of self care activities	Pre test		Post test	
		F	%	F	%
1.	Poor	18	30.0	1	1.7
2.	Average	42	70.0	44	78.3
3.	Good	0	0	15	25

The table 2 shows that in the pre test among the subjects 18 (30%) were having poor self care activities, 42 (70%) were having average self care activities. In post test among the subjects 1 (1.7%) were having poor self care activities, 44 (78.3%) were having average self care activities, 15 (25%) were having good self care activities.

Figure: 13 Distributions of samples according to pre test and post test level of self care activities (n=60)



SECTION III

Effectiveness of tokeneconomy on modifying self care activities

Table: 3 Mean and standard deviation of pre test and post test level of self care activities. (n=60)

S. No	Level of self care activities	Mean	Standard deviation	t value	Table value
1.	Before intervention	18.450	2.638	-24.714 *	2.000
2.	After intervention	21.950	2.094		

*- Significant at 0.05 levels (2 tailed)

The table 3 shows that mean scores on a level of self care activities was 2.094 in post test which is significantly lower than, 2.638 in pre test and computed value of ‘t’ is -24.714 is more than the table value [2.002] which is statistically significant at 0.05 levels. This data shows that token economy was effective in modifying self care activities.

SECTION IV

Table: 4 associations between pain and demographic variables and self care activities [N=60]

S. No	Demographic variables	Poor		Average		Good		Table value	$\chi 2$ Value
		F	%	f	%	f	%		
1.	Age in years								
	a) 6 – 8 years	0	0	12	20	6	10		
	b) 8 – 10 years	0	0	13	21.6	5	8.3	9.49	2.946#
	c) 10 – 12 years	1	16	19	31.6	4	6.6		
2.	Sex								
	a) Male	1	1.6	23	38.3	11	18.3	5.99	2.768#
	b) Female	0	0	21	35	4	6.6		
3.	Type of family								
	a) Nuclear	1	1.6	20	33.3	3	5	5.99	4.545#
	b) Joint	0	0	24	40	12	20		
4.	No of child in family								
	a) One	0	0	5	8.3	0	0		
	b) Two	0	0	24	40	9	15	12.59	4.304#
	c) Three	1	1.6	12	20	5	8.3		
	d) Four and more	0	0	3	5	1	1.6		
5.	Religion								
	a) Hindu	0	0	22	36.6	8	13.3		
	b) Christian	1	1.6	9	15	2	3.3	12.59	4.868#
	c) Muslim	0	0	12	20	5	8.3		
	d) Other religion	0	0	1	1.6	0	0		

6.	Educational status of the mother								
	a) primary	0	0	6	10	2	3.3		
	b) Secondary	0	0	19	31.6	4	6.6	4.030	12.59*
	c) Higher secondary	1	1.6	14	23.3	8	13.3		
	d) Diploma/ degree	0	0	5	8.3	1	1.6		
7.	Occupation of the mother								
	a) Cooly	0	0	8	13.3	2	3.3		
	b) House wife	1	1.6	31	51.6	12	20	0.913	9.49*
	c) Working women	0	0	5	8.3	1	1.6		
8.	Educational status of the father								
	a) Primary	0	0	0	0	0	0		
	b) Secondary	0	0	4	6.6	1	1.6		
	c) Higher secondary	0	0	15	25	4	6.6	1.132	9.49*
	d) Diploma/ degree	1	1.6	25	41.6	10	16.6		
9.	Occupation of the father								
	a) Cooly	0	0	10	16.6	4	6.6		
	b) Engineer	0	0	2	3.3	1	1.6	1.564	12.59*
	c) Business	0	0	13	21.6	4	6.6		
	d) Others	1	1.6	19	31.6	6	10		
10	Monthly income								
	a) Rs 3001 – 6000	0	0	6	10	3	5		
	b) Rs 6001 – 9000	1	1.6	23	88.3	8	13.3	1.389	9.49*
	c) Above Rs 9001	0	0	15	25	4	6.6		

#- not significant * - significant at 0.05 levels

The hypothesis states that there is a significant association between level self care activities and demographic variables. The same result was statistically proved. The table - 4 depicts that the demographic variables such as Parental educational qualification, Occupation of the parents and Income have significant association at 0.05 level and the demographic variable such as age, Sex, Religion, No of children in the family and type of family have no significant association with the level of self care activities.

CHAPTER V
DISCUSSION

The aim of this study was to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children. A total of 60 Samples was selected by using purposive sampling technique based on inclusion criteria. The samples were interviewed separately by using standardized tools to collect the data. The validity was obtained from 5 experts & pilot study was carried out.

The Collected data were classified into two parts. The first part contained the demographic variables of the children's. The second part consists of the observation checklist to assess the self care activities of a mentally challenged child. The data collection to determine the effectiveness of Tokeneconomy on modifying self care activities among mentally challenged children.

The data collected through the checklist method. The obtain data were analyzed by using descriptive and inferential statistics which were necessary to determine the modifying self care activities of mentally challenged children.

OBJECTIVE:

- To assess the level of self care activities before and after giving tokeneconomy among mentally challenged children.
- To find out the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children.
- To find out the association between the self care activities among mentally challenged children and their selected demographic

variables such as Age, Sex, Religion, No of children in the family, Birth order of child, Parental educational qualification, Occupation, Income and, familial tendency.

Demographic distribution of the samples

The table I depict that in the age group of the subjects 18 (30%) were between 6 – 8 years, 18 (30%) were between 8 – 10 years, 24 (40%) were between 10 – 12 years.

- Regarding sex of the groups 35 (58.3%) were males, 25 (41.7%) were females.
- Regarding type of the family 24 (40%) was a nuclear family, 36 (60%) were joint family.
- Regarding the number of children in the family 5 (8.3%) were having one child, 33 (55%) were having two children, 18 (30%) were having three children, 4 (6.7%) were having four and above child.
- Regarding the educational status of the mother of the subjects 8 (13.3%) have primary education, 23 (38.3%) have secondary education, 23 (38.3%) have higher secondary education, 6 (10%) have a diploma / degree education.
- In respect of occupation of the mothers of the subjects 10 (16.7%) were cooly, 44 (73.3%) were house wife, 6 (10%) were working women.
- Regarding the educational status of the father of the subjects no one has primary education, 5 (8.3%) have secondary education, 19 (31.7%) have higher secondary education, 36 (60%) have a diploma / degree education.

- In respect of occupation of the fathers of the subjects 14 (16.7%) were cooly, 3 (5%) were engineer, 17 (28.3%) were business, 26 (43.4%) were the others.
- With regard to the monthly income of the family no members in less than Rs.3000/-, 9 (0.5%) were getting Rs.3001 – 6000, 32 (53.3%) were getting Rs. 6001 – 9000, 15 (31.7%) were getting above Rs. 9001.

The first objective is to assess the level of self care activities before and after doing an intervention.

The table 2 shows that in the pre test among the subjects 18 (30%) were having poor self care activities, 42 (70%) were having average self care activities. In post test among the subjects 1 (1.7%) were having poor self care activities, 44 (78.3%) were having average self care activities, 15 (25%) were having good self care activities.

This objective can be supported by the study conducted by **AL – Malik M., (2002),** to measure the prevalence of caries, tooth tissue loss and erosion in the group of 4 – 5 years old children and that the effectiveness of strict dietary control and regular oral hygiene measures.

The second objectives is to find out the effectiveness of tokeneconomy on modifying self care activities.

The data analysis table – 3 mean scores on a level of self care activities was 2.094 in post test which is significantly lower than, 2.638 in pre test and computed value of ‘t’ is -24.714 is more than the table value [2.002] which is statistically significant at 0.05 levels. This data shows that token economy was effective in modifying self care activities.

The objective can be supported by the study conducted by **Fabry BD, et., al (2007)** to find out the effectiveness of tokeneconomy on mentally retarded students and concluded that token-exchange periods may be used for educational purposes.

Braz Dent J (2002) to assess the effectiveness of a preventive oral hygiene program in a group of 7 – 11 years old children The result of this study indicates improved oral health through the implementation of the preventive program among children who have never been exposed to preventive dental treatment and who are living under adverse social condition.

Guinan, Gulian (2002), did an experimental study to assess the effectiveness of comprehensive hand washing program on absentees among school children in Rosemount USA. Two hundred and ninety students from five independent schools were involved in the study. The study revealed that hand washing is one of the most important factors in controlling the spread of micro – organism, in preventing the development of infection and a hand hygiene program that combine education can lower absenteeism.

The third objectives is to find out the association between the self care activities among mentally challenged children and their selected demographic variables such as Age, Sex, Religion, No of children in the family, Birth order of child, Parental educational qualification, Occupation, Income and, familial tendency

The corresponding hypothesis was that there is a significant association between level self care activities and demographic variables. The same result was statistically proved.

The table - 4 depicts that the demographic variables such as Parental educational qualification, Occupation of the parents and Income have significant association at 0.05 levels and the demographic variable such as age, Sex, Religion, No of children in the family and type of family have no significant association with the level of self care activities.

According to the researcher's point of view education might have influenced on the mentally challenged children's mothers and has been one of the factors to improve the knowledge.

Table No.5 showed that in post test there was no significant association between age, Sex, Religion, No of children in the family and type of family.

The study has thrown light on the importance of self care activities among mentally challenged children and the effectiveness tokeneconomy.

CHAPTER VI
SUMMARY, FINDINGS IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

If you work hard enough, you probably don't need any doctor.

Bruce Chatwin

This chapter presents the summary of the study, findings and its implications for nursing and health care services and ends with recommendations for further research in this field.

SUMMARY OF THE STUDY

The purpose of the study was to evaluate the effectiveness of token economy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers in Madurai.

The experimental study was designed by the researcher to evaluate the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children. Purposive sampling technique was used to select 60 samples. The tool was developed and adopted after reviewing the relevant literature. Modified self care assessment checklist scale was used to assess the self care activities. The collected data were calculated and analyzed using both descriptive and inferential statistics based on the objectives of the study. The study tested and accepted the hypothesis that there is a significant relationship between the level of self care activities with demographic variables. The data collected were statistically analyzed and represented as tables and graphs in the previous chapter.

MAJOR FINDINGS OF THE STUDY:

- The majority of the age group of the subjects 24 [40.2%] was between 10- 12 years
- Regarding sex of the groups 35 [58.3%] majority were males.
- Regarding the type of family majority of the subjects 36 [60%] was joint family.
- Regarding no of the child in the family majority of the subjects 33 [55] were having two children.
- With regard to religion majority of the subjects 30 [50%] were Hindu.
- Regarding the educational status of the subjects of the mother 23 [38.3%] majority has a higher secondary education.
- In respect of occupation of the subjects of the mothers, 44 [73.3%] majority were private employee,
- Regarding the educational status of the subjects of the father 36 [60%] majority has secondary education.
- In respect of occupation of the subjects of the fathers, 26 [43.3%] majority were private employee,
- With regard to the monthly income of the family 32 [53.3%] majority were getting Rs/- 6001-9000.
- The pre test among the subjects 18 (30%) were having poor self care activities, 42 (70%) were having average self care activities. In post test among the subjects 1 (1.7%) were having poor self care activities, 44 (78.3%) were having average self care activities, 15 (25%) were having good self care activities.
- The mean score on a level of self care activities was 2.094 in post test which is significantly lower than, 2.638 in pre test and computed value of ‘t’ is -24.714 is more than the table value [2.002]

which is statistically significant at 0.05 levels. This data shows that token economy was effective in modifying self care activities.

- ❖ The hypothesis states that there is a significant association between level self care activities and demographic variables. The same result was statistically proved. The table - 4 depicts that the demographic variables such as Parental educational qualification, Occupation of the parents and Income have significant association at 0.05 levels and the demographic variable such as age, Sex, Religion, No of children in the family and type of family have no significant association with the level of self care activities.

IMPLICATIONS:

Nursing care is the core of any care. Holistic nursing care could be provided for individual family and caregivers to achieve optimum oral care and hand washing.

- ➢ The present study can help nurses and caregivers to enrich the knowledge on brushing and hand washing.
- ➢ Understanding the needs of mentally challenged children with poor brushing may help the child to practice appropriate brushing by themselves.

NURSING PRACTICE:

- ➢ Pediatric nurse can demonstrate healthy practices like brushing and hand washing for managing self care activities among mentally retarded child.
- ➢ She can conduct school education programs on self care activities among mentally retarded child.

NURSING EDUCATION:

- The nurse educator encourages the student nurses to conduct health education program for caring mentally challenged child.
- Nurse educator can conduct workshop, seminars and conferences on a token economy to improve self care activities.
- The curriculum should include the tokeneconomy system and caring of mentally challenged children.
- Student nurses are encouraged to give health education to the family members to improve the self care activities.

NURSING ADMINISTRATION:

- Nurse administrators could plan and organize the in- service education program for health care personnel to renew their knowledge on tokeneconomy.
- The nurse administrator can promote efficient team work. They also make a plan for manpower, money, material and method to conduct the health program for mentally challenged school teachers regarding self care activities.
- Nurse administrators can appoint skillful nurses in caring mentally challenged child.
- Nurse administrator insists the nurses for teaching the self care activity in the care of a mentally challenged child.

NURSING RESEARCH:

This study can be a baseline for further studies to build upon.

- Nurses should take the initiative to conduct more research on the effectiveness of token economy and its benefit can be identified.
- The research design, tool and the findings of the study may help the nurses and nursing students to develop inquiry by provoking a base.

- The educational institution and service to implement the tokeneconomy on various activities like dressing, eating, and toilet training.

RECOMMENDATION:

Based on the findings of the study the following recommendations are made:

- A similar study can be done with a large sample size.
- A study could be done to assess the effectiveness of token economy in normal children to do self care activities.
- A study can be done in longitudinal studies and assess more self care activities among mentally challenged children.
- A comparative study can be done between normal and mentally challenged children to assess the effectiveness of tokeneconomy on self care activities.
- The study can be done to assess the other activities like toilet training, dressing, and eating.

CONCLUSION:

As a part of the curriculum, the researcher has taken the effectiveness of token economy on modifying self care activities as dissertation. The researcher had a heart touching experience when data were collected from the samples. The following conclusion is made based on the above finding that most of the subjects were having a moderate level of self care activities, token economy was an effective method of modifying self care activities. This study can encourage the teachers to use tokeneconomy in the school activities of the students, both the normal and the mentally challenged children and also can apply this in the home to encourage the children also.

APPENDIX-I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

MATHA COLLEGE OF NURSING
(Affiliated to the Tamilnadu Dr.M.G.R. Medical University)
Vaanpuram, Manamadurai – 630 606.
Sivagangai**i District, Tamilnadu**

Prof: Shaberabanu, M.Sc., (N), (Ph.D)

Principal

To

The Shine trust center,

K. K Nagar,

Madurai District.

Respected Sir / Madam,

Sub: Project work of M.Sc., Nursing student in urban area around Manamadruai.

I am to state that Ms. Juliet. S one of our final year M.Sc., Nursing students has to conduct a project, which is to be a partial fulfillment of university requirement for the degree of Master of Science in Nursing.

The topic of research is "A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai."

Kindly permit her to do the research work in your school.

Thanking you.

Place:
Date:

Yours faithfully,
Prof. Mrs. Shaberabanu
(PRINCIPAL)

APPENDIX-II

LETTER SEEKING EXPERTS' OPINION FOR CONTENT VALIDITY OF THE TOOL

From

Ms. Juliet . S

M.Sc. Nursing, II Year,

Matha College of nursing, Manamadruai.

To

Through: The Principal, Matha College of Nursing, and Manamadruai.

Respected madam,

Sub: Requisition for getting expert opinion and suggestion for content validity of the tool.

I am the second year master degree student in Matha College of Nursing, Manamadruai in partial fulfillment of Master Degree in Nursing. I have selected the topic mentioned below for the research project to be submitted to the Dr. MGR Medical University, Chennai.

Problem statement:

"A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai."

I request you to validate the tool and give your expert opinion for necessary modification and also I will be very grateful if you refine the problem statement and objectives.

ENCLOUSERS:

Statement of the Problem
Objectives
Hypothesis
Research Tool
Demographic profile
Modified self care assessment checklist.

Thanking you

Place: Manamadruai
Date:

Yours faithfully
Ms. Juliet. S

APPENDIX-III

CERTIFICATE FOR VALIDATION

This is to certify that the tool developed for data collection by **Ms. Juliet. S** Final year student of Matha College of nursing, Manamadruai (affiliated to Dr. MGR medical university) is validated and can proceed with this tool and conduct the main dissertations entitled " A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai."

Date:

Signature:

APPENDIX-IV

LIST OF EXPERTS

1. **Dr. PRABHAKAR NAVAMANI, M.D., DCH**
   Navamani Child Specialty Hospital
   Madurai, Tamilnadu

2. **Prof. Mrs. SHABERA BANU, M.Sc., (N), (Ph.D)**
   Principal cum HOD, maternity Nursing,
   Matha College Of Nursing, Manamadruai

3. **Prof. Mrs. Kalai Kuru Selvi M.Sc (N), (PhD)**
   Vice principal, HOD, Pediatric Nursing
   Matha College Of Nursing, Manamadruai.

4. **Prof. Kavitha M.Sc (N),**
   Sara college of nursing,
   Mankadavu
   Dharapuram

5. **Mrs. Jasmine Sheela, M.Sc (N),**
   Mount Zion college of nursing,
   Pilivalam (PO)
   Thirumayam
   Pudukkotti – 622 507.

6. **Mrs. Megila Livingstone M.Sc (N),**
   Associate professor,
   Nehru college of nursing,
   Nehru Nagar,
   Vallioor,
   Thirunevelli

APPENDIX-V

INFORMED CONSENT

I Ms.Juliet. S II year M.Sc Nursing, in matha college of nursing , Manamadruai conducting a study **"**A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai**."** As a partial fulfillment of the requirement for the degree of M.Sc (Nursing) under the Tamil Nadu Dr. M .G .R. Medical University. The study participants will be assessed by observational checklist assessing the level of self care activity. I assure you that the response given by you will be kept confidential. So, I request you to cooperate with me and participate in this study

Thank you,

APPENDIX-VI

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work ***"A study to determine the effectiveness of tokeneconomy on modifying self care activities among mentally challenged children attending to selected rehabilitation centers at Madurai."*** Done by Ms. Juliet. S, II year M.Sc Nursing, in Matha College of nursing, Manamadruai is edited for the English language is appropriate.

Signature:

APPENDIX-VII

DEMOGRAPHIC DATA

1. Child's age
    a) 6 - 8 years
    b) 8 – 10 years
    c) 10 – 12 years
    d) Above 18 years

2. Sex of the child
    a) Male
    b) Female

3. Type of family
    a) Nuclear
    b) Joint

4. No of children in the family
    a) One
    b) Two
    c) Three
    d) More

5. Religion of the family
    a) Hindu
    b) Christian
    c) Muslim

6. Educational status of the mother
    a) Primary
    b) Secondary
    c) Higher secondary
    d) Degree graduate

7. Occupational status of the mother
    a) Cooley
    b) Housewife
    c) Working women

8. Educational status of the father
    a) Primary
    b) Secondary
    c) Higher secondary
    d) Degree graduates

9. Occupational status of the father
    a) Cooley
    b) Engineer
    c) Business
    d) Other

10. Income of the family
    a) Less than Rs. 3000/ month
    b) 3000 – 6000
    c) 6000 – 9000
    d) Above 9000

APPENDIX-VIII

MODIFIED SELF CARE ASSESSMENT CHECKLIST

S.NO	ITEM	Yes	No
I	**BRUSHING SKILL:-** **1.** Identify the washing area 2. Take brush and paste to the area 3. Pick up and hold the toothbrush 4. Wet the toothbrush 5. Remove the cap from the toothbrush 6. Apply the toothpaste to the brush 7. Replace the cap on the toothpaste 8. Brush the outside surface of the teeth 9. Brush the biting surfaces of the teeth 10. Brush the inside surface of the teeth 11. Fill the cup with water 12. Rinse the mouth 13. Wipe the mouth 14. Rinse the tooth brush 15. Rinse the area 16. Replace the toothbrush in a proper place.		
II	**HAND WASHING SKILL:-** 1. Identify the washing area 2. Wet hands under running water 3. Apply enough soap to cover all hand Surfaces 4. Palm to palm 5. Right palm over left dorsum and left palm over right 6. Palm to palm fingers interlaced 7. Rinse the hands thoroughly under running water 8. Dry thoroughly with towel 9. Replace soap and towel.		

APPENDIX-IX

SKILL TRAINING

INTRODUCTION:

Children with the mentally challenged disorder will encounter delays in learning life skills such as how to dress, uses a toothbrush, bathe and dry themselves, and brush their hair.

It is important not to try and push a child into learning these skills before they are ready to tackle them. On the other hand, this should not be left too late as the child will simply drop further behind other children in terms of development First; the skill to be learned is broken down into smaller units for easy learning. For example, a child learning to brush teeth independently may start with learning to unscrew the toothpaste cap. Once the child has learned this, the next step may be squeezing the tube.

Break the self-care skill into its smaller steps. Use the guidelines in this article to teach your child this first step and see if your child can master this successfully. Remember to make learning fun, reward their successes, and don't let frustration or disappointment show. Reward your child in mastering each step and attempt the next step as your child shows readiness to do so.

DEFINITION:

Skill training is a form of training given by teachers, therapists, and trainers to help persons who have difficulties to do self care activities.

TYPES OF SKILL:

- Brushing
- Hand washing

BRUSHING SKILL:

Tooth brushing Steps

1. Identify the washing area

   The student should identify the washing area.

2. Take brush and paste to the area

   The student should take the paste and brush to the washing area.

3. Pick up and hold the toothbrush.

   The student should turn on the water and pick up the toothbrush by the handle.

4. Wet the toothbrush.

   The student should continue to hold the toothbrush, placing the bristles under the running water for at least 5 Sec. Then, the student should turn off the running water and lay the toothbrush down.

5. Remove the cap from the toothpaste.

   The student should place the tube of toothpaste in his least preferred hand, unscrew the cap with the thumb and index finger of his proffered hand, and set his cap on the sink.

6. Apply the toothpaste to the brush.

   The student should pick up the toothbrush by the handle, hold the back part of the bristles against the opening of the toothpaste tube, squeeze the tube, move the tube toward the front bristles as toothpaste flows out on top of the bristles, and lay the toothbrush in the sink with the bristles up.

7. Replace the cap on the toothpaste.

   The student should pick up the toothpaste cap with the thumb and index finger of the preferred hand, screw the cap on the toothpaste tube, which is held in the least-preferred hand, lay the tube of toothpaste down, and with the preferred hand pick up the toothbrush by the handle.

8. Brush the outside surfaces of the teeth.

   The student should brush the outside surfaces of the upper and lower teeth on both sides and in the center of the mouth, using either an up and down or back and forth motion, for at least 30 Sec.

9. Brush the biting surfaces of the teeth.

   The student should brush the biting surfaces of the upper and lower teeth on both sides and in the center of the mouth, using a back and forth motion, for at least 30 Sec.

10. Brush the inside surfaces of the teeth.

    The student should brush the inside surfaces of the upper and lower teeth on both sides and in the center of the mouth, using a back and forth motion, for at least 30 Sec.

11. Fill the cup with water.

    The student should lay the toothbrush down, pick up the cup, and place it under the faucet, turn on the water, fill the cup, and turn off the water.

12. Rinse the mouth.

    The student should spit out any excess toothpaste foam, take a sip of water, hold it in the mouth, swish it around in the mouth, and spit it out. If any toothpaste foam should be repeated.

13. Wipe the mouth.

    The student should pull a tissue from the container (or pick up a hand towel) and dries his mouth.

14. Rinse the toothbrush.

    The student should pick up the toothbrush by the handle, turn on the water, and place the bristles under the running water until the bristles are free of toothpaste (any toothpaste not removed by the water may be dislodged by drawing the fingers across the bristles), turn off the water, and lay the toothbrush down.

15. Rinse the area.

    The student should turn on the water, and wash the area, then turn off the water.

16. Replace the toothbrush in a proper place.

    The student should put the toothpaste and toothbrush in the proper storage place. (If glass and hand towels are used, these should be placed in the proper place.)

II HAND WASHING SKILL

1. Identify the washing area

   The student should identify the washing area.

2. Wet hands under running water

   The student should wet the both hands in the running water.

3. Apply enough soap to cover all hand surfaces

   The student should take the soap and should be covering all the surface of the hand

4. Palm to palm

   The student rup the hand in a palm to palm manner.

5. Right palm over left dorsum and left palm over right

   The student should rup the hand right palm over left dorsum and left palm over right

6. Palm to palm fingers interlaced

   The student should wrap the hand Palm to palm fingers interlaced

7. Rinse the hands thoroughly under running water

   The student should wash hands thoroughly under running water.

8. Dry thoroughly with towel

   The student should dry their hands thoroughly with a towel.

9. Replace the soap and towel

   The student should replace the towel and soap in the respected places.